

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Earl D. KOCH

Serial No.: 09/553,452

Filed: April 19, 2000

For: TEMPORARY RAMP



Group Art Unit: 3671

Examiner: BEACH, Thomas A.

Attorney Docket: 27,136-01

MS NON FEE AMENDMENT
COMMISSIONER FOR PATENTS
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ALEXANDRIA, VA 22313-1450

Sir:

In response to the Office Action dated May 19, 2004, Applicant submits the following:

Recitation of Claims begins on page 2 of this paper.

Interview Summary begins on page 10 of this paper.

Remarks/Arguments begin on page 10 of this paper

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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/553,452	
	Filing Date	April 19, 2000	
	First Named Inventor	Koch, Earl D.	
	Art Unit	3671	
	Examiner Name	Beach, Thomas A.	
Total Number of Pages in This Submission	19	Attorney Docket Number	27,136-01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas J. Oppold
Signature	
Date	August 17, 2004

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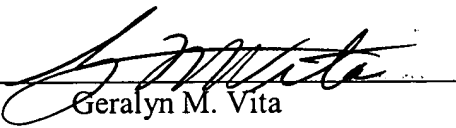


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